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THE CHOLERA AT THE PHILADELPHIA NAVY YARD, IN JULY 1867.

Official Report of Surgeon Lowber, U. S. N., U. S. S. "Constellation."

Philadelphia, December 26th, 1867.

On the Fourth of July, 1867, the U. S. Frigate "Potomac" arrived at the Port of Philadelphia, from Pensacola, and anchored off the Navy Yard. She had been used at Pensacola as a store-ship, and is reported as having been a perfectly healthy ship while there. On her arrival here she was still healthy, and in good order, and remained so up to the time of the sudden outbreak of cholera. Owing to the fact of her having been a long time in a hot climate, and not having been, in nautical language, "broken out," *i. e.*, not having had all her contents, stores, water-tanks, etc., taken out, limber boards removed, and thoroughly cleaned, down to the skin of the ship, for some years, it was recommended by her commanding officer, that she should be sent to a northern port, and broken out in cold weather. With this object she was sent to this port, and here made a receiving ship in place of the "Constellation." On July 11th, all hands were transferred from the "Constellation" to her. At this time the "Constellation" was, and had been a healthy ship. On the 18th of October the epidemic suddenly broke out on board the "Potomac," a clean and healthy ship, in a port at the time unusually healthy, no tendency to diarrhœa, or choleraic disease, prevailing either on board or on shore.

On October 17th, one man was sent to hospital affected with typhoid fever. No other cases of this disease had occurred. On the night of the 18th, two men were suddenly seized with cholera. The first was taken sick at 6 P. M., with all the usual symptoms of cholera; diarrhœa, rice-water discharges, vomiting and cramps, pulse imperceptible at the wrist, skin cold, and covered with a cold clammy perspiration, suppression of urine, choleraic voice and hippocratic countenance. Collapse set in, and death occurred at 5.30, A. M. After death, increased warmth of surface of the body was observed. The second was found lying on the gun-deck at 11.30 P. M., with the same symptoms, which, however, followed each other more rapidly, being in fact in collapse when first noticed and died at 5, A. M. From these first cases the disease was at once recognized as true Asiatic cholera. From this time the epidemic, as was anticipated, rapidly increased. On the 19th, three new cases occurred, and on the 20th, eight. On the 19th, the disease having been pronounced cholera, the surgeon of the ship in consultation with the surgeon of the Navy Yard, recommended to the proper authorities, and continued urgently so to do, the removal of all hands from the ship, and on the evening of the 20th, the measure was in part carried out: the well men were removed to the "Constellation" and "Florida," thus dispersing the men. The sick were, however, left on board to the great surprise of the medical officers, who immediately recommended their transfer also to another ship, to be used exclusively as a hospital ship, and on the evening of the 23d, the transfer was effected; the intervening time having been occupied in towing the "Sassacus" gun-boat from League Island, and making her ready for the reception of the sick. On the 21st, there were fourteen new cases; on the 22d, six; on the 23d, eight. On the removal of the men from the "Potomac" to the "Constellation" and "Florida," an assistant surgeon and apothecary were placed on board,

each vessel, with a proper supply of medical stores. These officers at once instituted frequent inspections of the crews for the purpose of discovering and treating premonitory diarrhœa. As soon as the transfer of sick to the "Sassacus" was completed, a hospital was organized and a staff appointed, consisting of a surgeon in charge, four surgeons as officers of the day, and four assistant surgeons, and all necessary medicines, hospital stores, ice, provisions, bed-steads, and bedding supplied, and the quarantine flag hoisted. Disinfectants, chloride of lime, persulphate of iron, and carbolic acid were freely used on board all four vessels, particularly in the close stools, which were instantly emptied after use. All bedding and clothes used by patients were burned as soon as out of use.

On October 24th, there were six new cases; on the 25th, two; on the 26th, seven; on the 27th, three; on the 29th, seven; on the 30th, one; on the 31st, two; on November 1st, one; on November 2d, two; on November 3d, none; on November 4th, one; on November 5th and 6th, none; on November 7th, one; on November 8th, none; and on November 9th, one; making a total of thirty-four cases; of these, eight were sent to the hospital ship; the others were treated on board the "Constellation and "Florida."

By October 25th, the good effect of dispersing the men was evident, as no new case of collapse occurred after that day. The last death occurred on October 31. The disease being no longer epidemic, the hospital was broken up, the quarantine flag hauled down on November 6th, and the vessel disinfected with persulphate of iron and carbolic acid. All cases of diarrhœa wanting the characteristic rice-water discharges being excluded, gives the number of cases of cholera 76; the number of deaths, 30. The number of cases not in the naval service, but exposed to epidemic influence on board the "Potomac" was three, two of which died; one of these was that of a man employed during the day in painting the ship, and not sleeping on board. This tends to show the intense malignity of the disease, or rather the extreme virulence of the poison. The whole number of officers and men on board at the time of the outbreak, was 502, a number not over the compliment of a ship of her size. The percentage of persons affected was 15.2. The percentage of deaths among those attacked, was 39 47. The average duration of fatal cases, was 37 hours, 52 minutes, the shortest 3 hours, and the longest 141 hours, and 30 minutes. From the commencement of the epidemic, chloride of lime was freely used on board the "Potomac," and on the 26th of October a more thorough disinfection was made with persulphate of iron and carbolic acid.

Shortly after the total abandonment of the "Potomac," she was towed to the quarantine grounds, when she was inspected in every part that could be reached, by a board of surgeons appointed for the purpose, and no cause for the outbreak of the disease was discovered. The ship was found clean and sweet. The tanks, however, were not removed as they were caulked. The caulking on the other hand prevented the possibility of the escape of emanations from beneath. With regard to ventilation and heating, the "Potomac" was as well supplied with air as other frigates; the hatches and ports admitting of frequent change of air, though of course the close smell of crowded humanity could be perceived at night, but not more strongly than in other ships where no epidemic has occurred. The ship was warmed by steam, and as the weather, during the epidemic, was uncommonly warm, the temperature, at times, was perhaps too high for comfort, but as other ships are heated in the same way, where no epidemic has occurred, it is not fair to attribute the sickness to the heat; although it might have increased the number of persons affected, just as the crowding of the men might be supposed to do, where the poison was once introduced, and yet we might not say that under ordinary circumstances, the disease was produced by over-crowding. Here I may remark, that I have observed the beneficial effects of the steam pipes in vessels, in the diminution of the number of cases of pneumonia occurring on board during winter in this climate.

It is remarkable that nearly all the men attacked were recruits, and young men; but three sea-

men were taken down; and but one of the original crew of the vessel died. This is supposed to be owing to the greater cleanliness of old men-of-war's-men, and their being more accustomed to the navy ration. The epidemic of cholera is by some attributed to the smell from a bone boiling establishment in the neighborhood, and the epidemic of cholera on board the "Chattanooga" at this port in July 1866, was attributed by some to the same cause; but though an intolerable nuisance, this cannot be the case, as at the very time when the crew of the "Chattanooga" were suffering from cholera, the receiving ship "Constellation" was lying two or three cable's lengths from her, and there was not a case on board, nor was there any on shore in the vicinity. The water generally used for drinking purposes on board was from the Schuylkill water works, though at times the scuttle-butt was filled from the Delaware river; but from inquiry of the men, it appears to have been used so seldom, and in so small quantities, that an outbreak of cholera could not be accounted for in this way, and I am told that the Delaware water is frequently used for drinking by the crews of merchant vessels while lying in this port, from preference, and they have not suffered from cholera A dearth of salt in the food was said to have existed, owing to the frequent serving out of fresh meat, the men generally, in the navy, depending for their supply of salt, upon the brine in which the beef and pork are packed.

The symptoms noticed were those of genuine Asiatic cholera. The preliminary diarrhœa existed in most cases, though at first it was not discovered, through careless indifference on the part of some of the men, and a dread on the part of others, of falling into the hands of the doctor. After the system of frequent and close examination of the character and frequency of the stools of those going to "the head" was put into practice, nearly all subsequently attacked were found to have preliminary diarrhœa. In the beginning, the disease was most malignant, as usual, and nearly all died. The collapse sometimes being the first sign of the disease. In several cases the first indication of the disease was the peculiar voice and expression of face, the patient not being aware of it, but insisting that he was perfectly well. In some, collapse occurred during a merry chat with a messmate. In some cases the first and only symptom was a severe pain in one or both thighs without cramps; in others, deafness in one or both ears, or headache and dizziness; in others, a feeling of sudden exhaustion causing a fall upon deck. These are the only peculiarities, if they are peculiarities, in the course of the disease. The usual symptoms of true cholera are so well known that it is not necessary to mention them all. The rice-water discharges in some were copious, in others small, or quite wanting; cramps were not always present. Suppression of urine, the peculiar voice and expression of face were universal. No case of collapse recovered; a tendency to recover in some was observed, but relapse soon followed. Vomiting almost always happened at some period of the attack, though some escaped with little or none. The ejecta were of the usual rice-water colorless appearance with flocculi. The cases which recovered, progressed slowly toward convalescence. In some cases reaction was followed by hebetude and coma, with a typhoid condition; none of these recovered. The expired air in many cases, was tested for ammonia with chlorohydric acid, but not a trace of ammonia was found. The preliminary diarrhœa was treated by astringents and opiates, with chloroform, horizontal position, dry warmth and light diet. Cramps by hypodermic injection of solution of morphia and solution of hyposulphite of soda, also friction, sinapism and dry heat; vomiting by the same injections, and chloroform internally, and in some cases, dry calomel with morphia was placed on the tongue. Collapse was treated by chloroform and various stimulants internally; externally, frictions, sinapisms, dry heat from bottles filled with hot water, bags of hot sand and hot holy-stones, and the hot bath. In some cases, suppositories of large doses of morphia were introduced into the rectum. Drinking cold water was interdicted, but small pieces of ice were allowed, with a view to obviating the extreme thirst. During convalescence, quinine and iron was administered, with a regular allowance of

brandy and ice, dry heat continuously applied, the horizontal position maintained as much as possible.

And now as to the efficacy of any particular treatment. Cholera is fatal or not, according to the quantity or virulence of the poison taken in. If the poisoning is thorough, the patient must die. In the commencement of an epidemic of cholera, the first cases always die, the blow is too strong for the system to bear; gradually the cases become milder and some recover; when this takes place, the particular treatment in use at the time gets the credit. In the first cases death can be predicted to a certainty by any one of good natural powers of observation, in the face, without further examination. In these cases, treatment is of no avail, except with a view to decrease the suffering of the patient and obtain a euthanasia. This, chloroform, opiates, frictions, hypodermic injections and suppositories will do; but in the cases I am speaking of, no treatment appears to prevent the fatal termination.

A second class of cases are those which are, for some time doubtful, and then turn towards recovery or death. In these cases I have heard medical men say, "treatment and good nursing with dry heat will turn the scale." But who can decide?

Another class of cases are those which recover, having been poisoned to an extent not sufficient to kill. These would recover under ordinary favorable circumstances. The only measure really of any avail, was the one adopted, namely, the abandonment of the infected ship, and the dispersion of the crowd of human beings, with thorough disinfection. This, in my opinion, arrested the epidemic speedily, and without it medical treatment would be of no avail. If asked what treatment I would adopt in an epidemic of cholera on board ship, I would say, scatter the men, stop recruiting and discharge all well men from the service who desired it; this done, use disinfectants of persulphate of iron and carbolic acid, destroy all clothes and bedding used, empty close stools instantly after use, and disinfect them with carbolic acid. Treat the preliminary diarrhœa with astringents and opiates with chloroform. Cramps and vomiting, with hypodermic injections of morphia, strong stimulants internally, brandy and ice. Frictions and dry heat externally; give regular doses of calomel in small quantities with morphia, every half-hour or so, throughout the disease, and use constantly suppositories of morphia renewed as often as they come away. It is a question whether cold water should be taken in any quantity; the extreme thirst would seem to indicate it, also the loss of serum of the blood; nor does it follow that because the patient vomits after it, that some is not retained and absorbed into the blood-vessels. I have been too cautious to try this, and therefore have not sufficient experience to risk an opinion. The hot bath I consider highly prejudicial on account of the exposure to cool air and the exhaustion produced. In convalescence, tonics, brandy, and wine, and light nutritious diet, should be given, as in convalescence from other diseases; sufficient rest should be taken, and exposure to great cold or heat avoided.

Without discussing the different theories and opinions in regard to the cause and origin of cholera, or discussing the question of how it has originated in other epidemics, or the different modes in which cholera may originate in other localities, I will say, in conclusion, that it is my belief that cholera can be, and in this instance was, introduced on board the "Potomac" from without, and this opinion I have arrived at by excluding the possibility of all other causes which have been suggested. It could not have existed in the atmosphere, or persons in the vicinity of the ship would have suffered. It could not have been in the water, for, had it been, it would have prevailed wherever the water was used. It could not have been caused by the stench from the bone-boiling establishment, for it was confined to the ship, while thousands of persons in the neighborhood were incommoded by the same vapors. It could not have originated in filth contained in the ship, for the ship was carefully examined, and no filth has yet been found. It could not have been caused by overcrowding of the men, because she had no more men on board than other ships of her size have had for a greater length

of time. It could not have been caused by want of ventilation, for the very construction of a ship, unless hatches and ports are closed, insures ventilation. It is well known that cholera has been often, and can be carried in bedding or clothes from place to place, by persons not affected. That it can arise in other ways I do not deny, but in this instance, I believe that the cholera-poison was introduced from without by a recruit or other person; and I regret that, although diligent inquiries were made of the survivors, we were not able to discover what recruit, if any there were, had lately come from a district where cholera prevailed.

WILLIAM LOWBER,
Surgeon U. S N.

Dr. P. J. HORWITZ, U. S. Navy,
Chief of Bureau of Medicine and Surgery.

FATAL CASE OF INTESTINAL OBSTRUCTION; SUPPOSED INTUSSUSCEPTION.

By T. M. WOODSON, M. D.,
Of Gallatin, Tennessee.

J. P., æt. eighteen years, male, tall, rather slender, six feet high, farmer, of previous good health. Was engaged the day before in hauling rails. Took his supper at six o'clock, attended a debating Society, retired at 10 o'clock, P. M., without complaint, but was attacked at one o'clock, A. M., November 29th, 1867, with pain in the bowels, which was continuous, but worse by spells, followed by vomiting, throwing up his supper. Some simple remedies were used by the family without relief. I was called in at one 1 o'clock, P. M., found him sitting up, complaining, especially by paroxysms, very much of pain in the abdomen, which seemed to radiate from the umbilicus; no nausea, though he had vomited several times; no fulness, tenderness, tumor, or hernia, could be discovered about the abdomen; tongue coated with heavy white fur; no fever, or other distress. Thinking it a simple case of colic, or some transient digestive disturbance, prescribed opium with pil. hydrarg., followed by sulph. magnesia, if the bowels failed to act in ten or twelve hours, (they had moved naturally the day previous); sinapism to be applied to bowels.

From this date to December 4th, six days, he continued to complain of the abdominal pain and distress, gradually becoming more intense, occasional paroxysms of hiccough and belching, tenderness and fulness of the abdomen gradually followed, which could not be located at any particular part, being general. Sat up the greater part of the time, being the most comfortable position. During this time there was no fever or general constitutional excitement; took very little food of any kind; had no evacuation or discharge from the bowels; free secretion of urine; what sleep and ease he had during that time were from opiates. Took repeated doses of sulphate magnesia, castor oil, turpentine, calomel, COOK'S pills, compound cathartic pills, (U. S.) enemas of soap-suds, castor oil, turpentine, common salt, and also the pumping into the bowels of large quantities of warm water and air, to the utmost power of retention. All of these means failed to produce a single movement of the bowels, only at one time a single fecal lump, less than a common marble, passed with some occasional flakes of mucus, as if washed from the large bowel. Anodynes were freely used also to allay the abdominal distress, according to its severity. At one o'clock, P. M., December 4th, he vomited a large quantity stercoraceous matter. Pulse ninety-six. Some little fever for the first time. I now introduced a bougie attached to a stomach pump, fifteen inches into the rectum, and drew up warm water until he complained of the fullness, as greatly increasing the abdominal distress, all of which readily passed away without producing any fecal discharge. The gravity of the case was now evident, having resisted all means brought to bear for more than five days without an evacuation, there could be no doubt of the existence of permanent obstruction; whether intussusception, internal hernia, or what, could not be correctly stated. The family, who were very intelligent, were fully apprized of the nature and grave prognosis of the case, while I requested a consultation. Dr. J. M. HEAD, one of our most experienced and oldest practitioners, joined me, and upon a critical examination of the history and condition of the patient, fully coincided as to the previous treatment, probable cause, and pro-

gnosis. From this time we attended the case jointly, keeping the following notes: December 5th, pulse ninety-eight. Abdominal pain, distention, and tenderness still unabated, if not increased; urine free, high color; takes no nourishment; still no motion of bowels, vomited (stercoraceous) four times since yesterday; it is of a dark brown color, very offensive odor, slight fever; still sits up. Used during the last twenty-four hours, opium and calomel each ten grains, given at five doses; hot fomentation to the bowels; enemas of chicken soup, used in quantity to be retained, hoping to nourish the system and invite action to the lower bowel. December 6th, pulse ninety-six; no fever; rested better last night; tongue cleaning, some relish for food, using panada; slight mercurial impression; vomited at ten o'clock A. M., yesterday, feculent, has slight nausea only a few moments before vomiting; abdominal tenderness and distension somewhat increased, with the tenderest point in the left lumbar region, but no tumor, urine free, had an inclination to stool once, and passed only a small quantity of mucus, with small specks of blood. Used last twenty-four hours, sulp. morphia ⅓ (one-third) gr. every four hours. December 7th, nine o'clock, A. M., pulse 104, less abdominal pain; tenderness and distension unchanged; no vomiting since last date, still some relish for panada and milk, which we requested to use all he could; no fever; morphia continued. December 8th, nine o'clock, A. M., pulse 110; not so well to-day, rested badly last night, pain, fulness and tenderness of the abdomen increased; tongue coating again; no desire or relish for food; had a desire to stool twice since yesterday, passing only traces of mucus; vomited (feculent) once; frequent belching; delirous last night; countenance anxious and haggard; continue morphia, also five grs. calomel in two gr. doses. December 9th, nine o'clock, P. M., pulse 120—failing; has been restless to-day; all the symptoms worse; vomited (feculent) at noon to-day large quantity; the constant belching of offensive gas, rendered the room almost intolerable. This and the vomiting give temporary relief to the fulness, of which he makes great complaint. Quite thirsty, still sits up at times for more than an hour, for comfort of position. Rapidly emaciating, it required ¼ gr. morphia every two hours to quiet abdominal pain. Continue morphia, alcoholic stimulants, concentrated diet.

December 10th, P. M., pulse 116; no vomiting, otherwise about as yesterday; continue morphia. December 11th, A. M, pulse 116; no vomiting last night, holding about the same. Eight o'clock, P. M., pulse 120, vomiting to-day at 11 o'clock, A. M., and seven o'clock, P. M., feculent; morphia and milk punch. December 12th, nine o'clock, A. M., pulse 120, no better, increasing delirium, no vomiting; sweating profusely; hippocratic countenance, dimness of sight. Ten o'clock, P. M., pulse 130, vomited (feculent) at six o'clock, P. M., vital powers rapidly failing. R. sulp. quiniæ 1 gr., morphiæ ¼ gr. every two hours, with alcoholic stimulants all that he can take, and concentrated diet.

December 13th, A. M. No better still; pulse 130; vomited once last night (feculent); continue treatment. Nine o'clock, P. M., vomited again at one and seven o'clock, P. M., to-day, still sweating, pulse 130. December 14th, nine o'clock, A. M., vomited at eight o'clock this morning; increased delirium, sweating, pain, fulness and tenderness of the abdomen; pulse 130. At one o'clock, P. M., vomited about a quart of dark colored exceedingly offensive matter, like decomposed blood, with traces of mucus membrane. This was quite different from the feculent matter which he had been throwing up, and indicated a speedy dissolution. He continued to throw up this frequently, and in large quantities, rapidly sinking, and died at one o'clock, A.M., December 15th, in great agony, complaining of the abdominal pain more than anything else, to the last moments. Thus terminated the case precisely sixteen days to the hour of attack. In the absence of an autopsy, which was not practicable and is to be regretted, our diagnosis as to the exact nature and seat of the obstruction, is conjectural, whether intussuscepton or internal hernia, but incline to the former opinion. Notwithstanding this most important defect, we conceive there are some points of interest in the case which

is our apology for presenting it to the profession. The deep interest and painful solicitude with which we watched the progress, and untoward result, induced us to seek out every thing within our reach, calculated to throw any light, that we might comfort ourselves and the friends, (however poor the consolation, in those cases where the best directed efforts of our art fail, is but too plainly seen and felt,) that the most approved and justifiable means were brought to bear, to save the life of this promising youth.

After the faithful use of all means to remove the obstruction without success, we adopted, after mature consideration, the course which in our judgment was most likely to give the best hope of relief. Our most approved authors, as well as the histories and statistics of such cases, bear one testimony on this point, which is to quiet and sustain the system with opiates, alcoholic stimulants and concentrated diet, and (although questioned by some) hold in check, if possible, the resulting peritonitis by the constitutional effect of mercury, until nature would relieve the obstruction, by sloughing of the constricted part. The only other alternative would have been the risk of an operation, which was suggested and desired by the non-professional who saw the case; but this we thought would cut off the only hope. ERICHSEN says: "*It is not only* known that if the patient is left unrelieved he must necessarily die; but that the only means of relief, gastrotomy, is probably nearly as fatal as the disease for which it is undertaken; no case in which this operation has hitherto been performed for internal strangulation having *recovered*." Professor GROSS says: "Internal strangulation is generally a fatal disease, its very obscurity forbidding interference. But even when the surgeon is bold enough to undertake an operation, it is extremely rare that he succeeds in affording relief, either because the procedure is attempted as a dernier resort, or because it excites fatal peritonitis. In two cases of the kind, where after mature consultation with eminent physicians, interference was deemed proper, I signally failed to confer any benefit; one patient dying at the end of four hours, the other less than 36." (*System. Surgery*). With the authority cited and the obscurity of the exact seat and nature of the obstruction, we cast our chances of hope upon the course first stated. Professor FLINT in his practice reports two cases of recovery by sloughing and passing off of the part, as reported by Professors PEASLEE and VAN BUREN. Dr. SMITH reports fifty cases analyzed, in which seven recoveries took place by sloughing. (*Flint's Practice.*) Dr. HAVEN collected fifty-nine cases of intussusception, in which sloughing took place in twelve, with ten recoveries (*Amer. Jour. Med. Sci., vol.* 30) being respectively, 14 and 17 per cent. recoveries.

Our case was not without hope during its progress, and from the length of time he survived. Professor FLINT states the intestine sloughs from the sixth to twelfth day, while in fatal cases they rarely go beyond eight days. Dr. HAVEN gave the average in nineteen cases as four days. Professor ERICHSEN says: "In internal strangulation, death usually takes place from the sixth to tenth day, though sometimes sooner;" while, as before stated, the patient died at the end of sixteen days from the hour of attack. There seemed to be an improvement of the symptoms on the eighth day, when the mercurial impression was first noticed, by an arrest of the inflammatory symptoms, cleaning of the tongue, relish for food, no vomiting, but without removal of the obstruction. But an aggravation of all the symptoms again followed, which at one time seemed held in check by alcoholic stimulants and increased anodynes; the obstruction not being reached, he sank by gradual prostration, dying by slow asthenia.

How far did we err in our diagnosis, or were we justifiable in not hazarding an operation, under all the circumstances? This we will leave those to judge who may be so unfortunate as to meet similar cases.

— In Berlin, the policemen of all railway and police stations, and of the market places, have been furnished with galactometers, in order to put a stop to the adulteration of the milk, which is practised there on a great scale.

Hospital Reports.

Jefferson Medical College, *November 27th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Coxalgia.

Charlie C., æt. 5. The right knee of this boy is projected forward, the thigh flexed upon the pelvis, and the leg upon the thigh. The body has a peculiar twisted appearance, and the hip upon the right side is raised considerably above the level of that on the left, in order to throw the axis of the body on the sound limb, to save the affected one as much as possible. There is no elevation of temperature over the right buttocks, nor over the right knee. The right nates is smaller than that on the opposite side, it is somewhat flattened, has lost its convexity, roundness, and fulness, and there is an effacement of the gluteo-femoral crease. When the patient lies flat on his back, the leg remains still bent as it was when he was standing; he is not able to extend it, and the attempt to do so by force causes him to raise himself up. Any effort made to flex the thigh, moves also the innominate-bone with it. Rotation, abduction, and adduction of the thigh are all impeded and attended with pain. On flexing the leg on the thigh, and striking on the knee, the jar communicated to the head of the thigh-bone, and to the acetabulum with which it is connected, awakens pain, as does also extending the leg, and striking against the heel with the palm of the hand. These are modes of examination which should not be neglected when there is doubt, as there may be in the incipient stage of the disorder. The child is restless at night, screams out, and has to be aroused before he can be pacified. He refers the pain now to the groin.

In the early stage of this disease, pain at the knee is one of the pathognomonic symptoms, which is rarely, if ever, entirely absent. If the physician be not on his guard, he is apt to medicate the knee, instead of directing his applications to the hip-joint, the seat of the disease.

The mother of this child died of consumption. He has scrofulous disease of the hip-joint, and the pain from which he suffers is the result of spasmodic contraction of the muscles of the thigh, by which the affected surfaces are brought forciby in contact with each other during sleep. The affection would seem to be inherited in this instance from the mother.

This disease begins sometimes, there is reason to believe, in the synovial membrane of the hip-joint, sometimes in the articular cartilage, sometimes, and not unfrequently, in the cancellated texture of the head of the thigh-bone, from which it gradually extends to the articular cartilage, and thence on to the synovial membrane. There is still doubt as to the precise origin of the affection, but there are many reasons for the belief that it begins, in numerous instances, in the head of the femur. It usually involves the head and neck of the thigh-bone to a greater extent than the acetabulum. If the acetabulum suffers much, perforation takes place, and in some cases where the head of the femur has escaped the action of the disease in great measure, it may pass through the opening in the bottom of the acetabulum, into the pelvic cavity; but such cases are uncommon in occurrence. The head of the thigh-bone is gradually wasted under the influence of the disease, the hemispherical portion of it gradually disappearing through the action of the absorbent vessels, and this absorption frequently goes on until the greater portion of the neck of the bone is destroyed. The round ligament, of course, is destroyed, and the capsular ligament, the strongest of its kind in the body, also suffers very materially as the disease advances. When the disease has progressed thus far, there is, of course, a good deal of shortening of the limb, but in the earlier stages the shortening is apparent, not real, depending upon the manner in which the patient lifts the hip in order to throw the axis of the body in the direction of the sound limb. During the advancement of the morbid action, matter forms, either in the articulation or on the outside, of a peculiar scrofulous character, greenish, or yellowish slightly verging upon greenish, containing a large quantity of fatty substance, with comparatively few pus globules. It usually points at some distance below the articulation, three, four, or five inches; sometimes directly over the joint; sometimes toward the posterior portion of the nates; occasionally in the groin; and sometimes in several situations simultaneously or successively. Although the abscess is often entirely extra-articular, the matter evidently forming in the connecting cellular tissue around the articulation and amongst the muscles, very frequently likewise it occurs within the articulation, so that the joint is bathed, as it were, in the pus.

There can be no difficulty in the diagnosis of this affection when it has made some progress, but in the earlier or incipient stages, there may be

some trouble in the discrimination. The patient may have lameness of the hip-joint simply from sprain, or contusion, or the effects of rheumatism. Under such circumstances, the diagnosis may generally readily be established by proper therapeutic agents. Confine the child to bed, apply a few leeches to the region of the hip-joint, give at night a few grains of DOVER'S powder for the purpose of acting on the skin, and follow this, it may be, by a mild aperient. If this be continued for a week or ten days, and the disease be rheumatic in character, the symptoms will be sure to be mitigated, if they do not entirely subside. So, likewise, when the affection is the result of a traumatic cause, rest, attention to diet, mild purgatives, and an anodyne at bedtime, will, in the course of a very short time, produce such a change in the condition of the parts as to do away with the danger of any mistake in the diagnosis. In coxalgia the symptoms go on increasing from bad to worse. It is a slow disease, chronic in its character, divided into several stages. In the first instance you have simply the ordinary phenomena of inflammation, especially the pain in the knee. After a while, the pain leaves the knee in great measure, if not entirely, and fixes itself in the situation or direction of the hip-joint, being particularly severe in the groin. Then, also, there is effacement of the gluteo-femoral crease, flattening and widening of the nates, flexure of the leg on the thigh, and of the thigh on the pelvis, and the elevation of the heel as the patient stands on the floor—all of these symptoms are unmistakable. After a while, suppuration takes place, with its attendant phenomena.

If the disease is not relieved by the interposition of treatment, or if the treatment should prove of no avail, the patient will gradually perish from its effects. The proper remedy consists in recumbency in the early stages of the disease, keeping the patient on his back with the limbs extended by means of weights (attached by adhesive plasters and passed over a pulley) varying from five to six or eight pounds, according to the age of the child and other circumstances. The design is to keep the muscles which produce spasmodic action perfectly at rest, not only during sleep, but during the twenty-four hours. In regard to internal remedies, the fewer the better. If the patient present evidences of debility, tonics of course will be indicated, with nutritious diet and nourishing drinks. If the reverse be the case, the circulation good and an abundance of blood, very few internal remedies will be required. Now and then a mild aperient, attention to the diet, with perhaps a little anodyne at night, will cover the entire ground of treatment.

The child was ordered to be kept at rest, and to have weights applied in the manner mentioned, raising the foot of the bed slightly, in order that counter-extension may be made by the body, precisely as in the treatment of fracture of the inferior extremity. This treatment will be tried during the next ten or twelve days. If then there be not a marked improvement, the actual cautery will be applied to establish a pyogenic issue.

Infantile Paralysis.

George K., æt. 2 years. This case is one of interest, presenting an example of an affection of the inferior extremity, very frequently met with. He cannot walk any at all now, and has not done so for thirteen weeks. He has the use of the right, but none of the left leg, which stands out in an unseemly manner, with the foot inverted as in club foot. The leg is wasted, as is also the thigh; the muscles are exceedingly soft and flabby; and the surface is colder than it is in the natural state or in the opposite limb. There is a want of circulation, a want of nerve-power, in other words, some of the muscles of the limb are paralyzed, especially the extensor, and there is a tendency to the formation of club foot. If the case be not relieved in a comparatively short space of time, there will be such an amount of contraction on the part of the tendo-achillis, as to give rise to equino-varus.

This is that form of paralysis which so frequently happens in this and other countries during the progress of dentition. The child seems to be well, eats a hearty supper, goes to bed, and wakes up at two or three o'clock, suffering from excessive restlessness and great thirst; in the morning when an attempt is made to place him on his feet he is found to be paralyzed. Either both limbs suffer or frequently, as in this case, one. This constitutes infantile paralysis, produced evidently by disease of the spinal cord or of the nerves which emanate from it to supply the extremities. The upper extremities are sometimes involved, but this is uncommon, the disease being generally observed only in the lower.

It is supposed that the pathology of this affection consists in a lesion, inflammation, with deposit, of the spinal cord, or of its theceæ. In this way pressure is made upon the nerves which supply the inferior extremities, so as to interfere with the passage of nerve fluid. It is not owing to any disease of the brain; the lesion must be in the spinal cord, or in its arachnoid prolongation. The probability is that it is an inflamma-

tion, followed by effusion of plasma, which becomes organized and presses the nerve so as to impair its function.

The child was ordered five drops of the tincture of the chloride of iron three times a day, a nutritious diet, and a dessert-spoonful of good whiskey or brandy, along with one-half a tumbler of milk three or four times in the twenty-four hours. As respects the part, frictions were ordered. The hot and cold douche was directed, the surface to be wiped dry and then rubbed with veratria ointment, or with a linament or lotion containing veratria, at the same time shampooing the limb, kneading and pressing the muscles. Another excellent stimulant is flaggellation with willow switches. It is one of the most powerful excitants of the muscles and nervous system in the treatment of disease, of which Professor Gross has any knowledge—more powerful and permanent than electricity.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, December 26th, 1867.

Dr. Hutchinson, *in the chair.*

Cancer of the Breast.

Dr. Sayre presented a carcinomatous breast, removed from a stout robust woman forty-two years of age. The glands of the axilla were not enlarged, although the growth was of an unusually large size. The specimen was microscopically examined by Prof. Flint, and pronounced to be unmistakably cancerous.

Only one small vessel required a ligature, and this slipped off before the flaps were brought together, without a recurrence of the hæmorrhage, so that no foreign body remained in the wound. In regard to this point Dr. Sayre remarked, "this is the fourth breast I have removed without the use of the ligature. Whether the mode of holding the knife at an oblique angle in making the incisions may have anything to do with it I cannot say, but I have made it a rule always to cut through a vessel at an oblique angle instead of a right angle, so that the upper portion of the vessel may drop over the mouth of the artery, and thus materially aid in arresting the hæmorrhage."

In the history of this case, Dr. Sayre made allusion to the fact that the patient had been victimized into the belief that a certain water from a spring of great pretensions would do her good. She pertinaciously persisted in swallowing some eighty bottles, without, of course, receiving the slightest benefit. We omit the name of this aqueous humbug, and at the same time take the liberty of expressing our regret that the Society should have been drawn into such a protracted discussion of its merits. It virtually amounts to a most excellent advertisement of the hydrated humbug in question, and nothing would more delight the proprietor of this damp delusion, than to see such an advertisement duly embalmed in the official records. As we have no desire to contribute in any way to the pecuniary success of a remedy of such questionable propriety, we cheerfully omit all the details, and pass to matters more becoming the attention of the Society.

Caries of the Head of the Femur.

Dr. Sayre presented the head, neck, trochanter, and about four inches of the shaft of the femur, removed last Sunday, from a boy fourteen years of age. In September last, the patient received a blow just in front of the trochanter major, from a bat, causing considerable pain, which lasted for some time. The next day he was exposed to a severe storm in a wagon without a cover for nearly two hours. The following day he was at work picking up potatoes, and at intervals amused himself by wading into an adjacent stream. That night he suffered from a good deal of pain in the hip, and was taken with a severe chill, after which he was confined to his bed. Three weeks after this, an abscess appeared at the upper and anterior portion of the thigh. This was opened by the attending physician, and a seton drawn through the parts. This continued to discharge, but did not give full drainage to the joint, so that in time, various other openings occurred, amounting to nine in all, and through none of these could dead bone be detected by the passage of the probe, and it became a question whether the disease was located in the ilium, the hip joint, or the lumbar vertebræ.

On measuring the well leg, from the anterior superior spinous process, it was found to be 33¾ inches. The same measurement of the right leg gave 33 inches. The circumference of the left thigh at its largest portion was nine inches, that of the calf of the leg nearly six inches, and that of the knee nine and a half inches.

The diagnosis made by Dr. Sayre at this time was, that the disease of the hip joint had commenced not long after the injury, and had subsequently produced luxation of the head of the femur. The parts were removed by the ordinary incision, which was not made as straight as usual on account of the presence of the sinuses on coming down to the joint. The head of the bone

was found entirely out of the acetabulum, the only case of the kind the Dr. has ever encountered, except where the acetabulum was very extensively diseased. In this case the acetabulum was perfectly healthy. The portion removed is very much enlarged and roughened. In this case the periosteum was peeled off with the greatest ease, except at single points, viz: the digital fossa, and this is usually the only point where adhesion of the periosteum is so firm as to require the use of the knife. No ligature was used in the operation. A telegram received to-day states that the lad is comfortable.

The use of Holt's Dilator for Strictures of the Urethra.

Dr. HUTCHINSON presented a specimen of stricture of the urethra, and gangrene of the lungs, occurring in the same individual. The patient was a sailor, thirty-eight years of age, admitted into the Brooklyn city Hospital, on the 9th of September last. He stated that he had had gonorrhœa five or six times, the first attack occurring at the age of sixteen, and the last about three and a half years ago; since this time he has had more or less difficulty in discharging his water. He has also been suffering from intermittent fever. For the last three or four months he has been troubled with retention of urine, which has always been relieved by opium and a warm bath.

On entering the hospital a stricture was discovered two and a half inches from the meatus, and a second one at a distance of five and a half inches. The first stricture could be passed with comparative ease, but through the second, not even the smallest instrument could be passed. An instrument was introduced from time to time, first, every fourth day, and subsequently every day, by the house surgeon, until at the end of the month a No. 1 bougie was successfully passed. The second stricture appeared to be very long, measuring, as nearly as could be ascertained, an inch and a half. Soon after this a No. 3 bougie was introduced. In the meantime he was suffering somewhat from malarious poison, and especially from constipation, over which ordinary remedies did not seem to exert any effect, he was therefore given a dose of calomel, rhubarb, and ipecac., which although operating freely, was followed three days afterward by severe ptyalism, and this in its turn was followed by convulsions, lasting some two days. These passed off, and on the 15th of October, his health was pretty good again. At this time a sound was introduced into the urethra, and afterward the dilator of HOLT, and passed back as far as seven and a half inches, but beyond this it was impossible to go into the bladder. Although the urine did not flow, the doctor felt satisfied that the instrument was entirely through the stricture, he therefore passed down a No. 10 staff and ruptured the stricture. Immediately after this a No. 7 catheter was passed and the urine drawn off. The operation was performed without the use of chloroform.

Immediately after the operation a dose of quinine and opium was given; twenty-four hours afterward he had a chill, but the following day was quite comfortable. On the second day he had another chill, supposing then that the intermittent had returned, quinine was given which relieved him for seven days. At this time he was taken with a very severe chill and indications of double pneumonia. On the fifth or sixth day of the pneumonia the expectoration became excessively fœtid, and continued so until the time of death, which occurred six weeks from the time of his entering the hospital. At the post mortem examination a large cavity was found in the right lung filled with fœtid fluid. The urethra shows that the first stricture was not ruptured, as any stricture that will admit a No. 5 sound, is not ruptured by the instrument, but simply dilated. On going further back the second stricture is found to be ruptured. The third lobe of the prostate is considerably enlarged, which accounts for the difficulty in getting the instrument into the bladder.

The bladder itself is very small, and the coats very much thickened, more especially on the cellular tissue. The bladder when removed was estimated to be capable of containing about an ounce of fluid. The kidneys apppear to be granular, though they have not been examined by the microscope, neither has the urine been examined.

This instrument of Mr. HOLT has been used four times in the hospital, three times by Dr. HUTCHINSON, and once by the house surgeon. He thinks that it possesses very decided advantages over other modes, or at any rate is a very valuable addition to the ordinary methods of overcoming strictures.

In the first place, the rapidity with which the dilitation can be accomplished, instead of extending over many months, he considers an advantage.

2d. It has a decided advantage over the method by internal incisions, because, as would appear from his specimen, only the abnormal tissue composing the stricture is ruptured, a point claimed by Mr. HOLT, as established by his experiments upon the dead subject.

3d. It possesses advantages over the method of external incisions as practiced by Symes.

In conclusion, Dr. Hutchinson stated that he had used the instrument until recently, and had been led to adopt the practice, from hearing the very favorable results of Mr. McNemara, of the Dublin Hospital, who has operated some two hundred times, during the last seven years, without a single bad result. Many of these cases belonged to the out-door department, and as they were never heard of afterward, the presumption is that they were cured. The same testimony is given by other surgeons connected with the hospital, the cases in all amounting to some five hundred, in none of which did any serious consequences ensue.

Dr. Whitehead did not think that, under ordinary circumstances, such an operation would be justifiable unless the urine could be seen to flow. He had no practical experience with the instrument, but it seeemed to him that the danger of infiltration of the urine was greater than where an external incision was made as by Syme's method.

Dr. Hutchinson, agreed with Dr. Whitehead with regard to the importance of the appearance of flow of urine, but in this case he felt certain that the instrument was engaged in the stricture.

Dr. Hamilton stated that among his earliest recollections was the treatment of urethral obstructions without the use of instruments, simply confining the patient to bed and putting him upon a low diet. About that time the favorite practice was that of forcible dilatation, and after that came the perineal incision of Symes. The conclusion that he had arrived at, from his own observation and experience, and observation of others, is that there are very few strictures through which the patient can pass water, which cannot be cured by gradual dilatation, without being attended with any hazard. His own convictions are in favor of regimen and gradual steady dilatation. He could not be convinced that rupture of a strictured portion of the urethra would not leave a liability to the formation of a traumatic stricture, quite as troublesome as the one which originally existed. In conclusion, he called upon Dr. Parker to state his views.

Dr. Parker quite agreed with Dr. Hamilton as to the importance of low diet and rest. These alone, in many cases, will effect a cure. He long ago learned an important lesson from the case of a young man who had been treated for stricture by mechanical means, without success. The same patient was afterward put upon a simple mixture of spirits of nitre, and a low diet enforced. The result was that he soon recovered, without any further use of instruments. In Dr. Parker's earlier days, the practice of cauterization of strictures was in vogue. He had used caustics when he was a student, and had seen them very often used by others, but without any good results. So far as his treatment now was concerned, he was rather in favor of dieting and gradual dilatation. He had never tried the instrument of Mr. Holt, but his prejudices were not in favor of it as a mode of treatment. He confessed himself somewhat amazed at the results of Mr. McNemara, and the question arose, whether there were not, in these two hundred favorable cases, many very trivial strictures. He thought it somewhat singular, *that every single case should have been successful.* Considering, also, that many of the patients were never observed again, he was inclined to regard the result as not entirely reliable. A single point had occurred to him in listening to the details of Dr. Hutchinson's case, whether a patient is not put in great danger by the rupture of a stricture, anterior to which there exists a second one, through which only a No. 4 sound can be passed. Whether it would not be better, in such a case, to dilate or rupture the most anterior stricture first, so as to obviate the possibility of any mechanical obstruction between the ruptured stricture and the meatus.

Dr. Newman referred to some cases of stricture which he had succeeded in dilating by the patient use of the faminaria digitata, until a sound could be introduced.

Myeloid Tumor.

Dr. Parker presented a specimen of disease of the femur, removed from a gardener 63 years of age, whom he saw, in consultation, the second day of this month. On examining the patient, the lower extremity was found to be nearly double the normal size. There was no opening in the soft parts, no discoloration of the skin forming the covering of the tumor. The vessels in the neighborhood were somewhat enlarged, and there was a slight increase of temperature, compared with the sound limb. Compression over the knee-joint produced no pain. As the system was beginning to break down, he advised amputation, which was accordingly done. The tumor, on examination, is seen to involve the spongy or cancellated structure, and belonged probably to the fibro-plastic or myeloid class of Paget. There was no enlargement of the glands, either above or below Poupart's ligament.

Dr. Sands stated that the specimen contained

no cancer cells, but all the cells characteristic of myeloid formations. The microscopical appearances were very similar to those observed in a specimen which he had presented about a year and a half ago. He believed that it was now very well settled by extended observation, that although these tumors possess a certain resemblance to malignant formations, they do not show the history of true cancer.

Dr. WHITEHEAD remarked that this form of tumor had been very thoroughly studied and described by NÉLATON the younger.* The true myeloid tumor is somewhat rare, while the myeloid tumor of PAGET is comparatively common. In order to observe the distinctive element of the true myeloid formation, the specimen must be examined as soon as possible after removal, as the cells are very soon destroyed.

Epithelioma of the Thumb.

Dr. ROGERS presented a thumb taken from a dispensary patient, on which there is a very well defined epitheliomatous growth. Although the tumor was somewhat extensive, it did not interfere with the motion of the joint. The part of the tumor near the bone shows, under the microscope, a tolerably abundant formation of stroma, in which are imbedded the ordinary cancer cells.

As one proceeds from the bone to the external surface, there is much less stroma, and not so many cancer cells. The tumor has existed for four years, and started near the nail, and has continued to grow steadily. There was but slight enlargement of the axillary glands, and no constitutional symptoms. He considered that this was a rather rare locality for a growth of this kind. ANNANDALE alludes to the possibility of their being formed there, and PAGET represents a similar growth occurring on the palm of the hand.

Dr. HAMILTON alluded to two cases in which he had operated. One occurred upon the thumb, and the other upon the heel. He considered them somewhat rare, but thought that probably a number of cases had occurred which had not been put on record.

The Society then went into executive session.

M.

Treatment of Hæmaturia.

In the statement of a case of cancer of the bladder (*British Medical Journal*, June 1st, 1867, p. 631) Dr. RAMSKILL, of London, mentions that the hæmaturia was checked by half-drachm doses of bitartrate of potassa, ter die. In two-drachm doses, it is equally as effectual in checking bleeding from hemorrhoids.

* Une nouvelle espèce de tumeurs bénignes des os, ou tumeurs à myéloplaxes, par EUGENE NELATON. Paris, 1860.

EDITORIAL DEPARTMENT.

Periscope.

Carbolic Acid in Surgery.

Dr. CANNIFF, in the *Canada Medical Journal*, has the following on this subject.

During the past year the profession has been favored by JOSEPH LISTER, F. R. S., Professor of Surgery in the University of Glasgow, with several papers upon the subject of carbolic acid in the treatment of wounds. In this paper it is intended to offer some remarks upon the views advanced by Professor LISTER.

His treatment of wounds by the application of carbolic acid, is based upon the discoveries claimed to have been made by M. PASTER, namely—I quote from LISTER—"that the septic properties of the atmosphere depends not on the oxygen or any gaseous combinations, but on minute organisms suspended in it, which owe their energy to their vitality—it occurred to me," says Professor LISTER, "that decomposition might be avoided by excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles. The material which I have employed is carbolic or phenic acid, a volatile organic compound, which appears to exercise a peculiarly destructive influence upon low forms of life."

He recommends it in all forms of wounds, a weak solution in the incised wound, and in contused wounds, especially in compound fractures, in much greater strength. It is likewise used in the treatment of chronic abscess to prevent decomposition of the pus after an opening has been made.

To read Professor LISTER's remarks, his inferences, one would almost think that a PAGET had never written upon the *healing process*, nor a HILTON expounded the invaluable benefits of rest in the treatment of wounds and abscesses.

Before proceeding with my remarks I wish to make one broad statement, viz., that nature has endowed the system with the power to heal, to make extraordinary, as well as ordinary repair of tissue. In every case where there has been a solution of continuity, an effort is at once made to effect a healing of the breach. And the assertion is ventured that there exists a material, prepared solely for the purpose of healing; I refer to the fibrine of the blood. This point, which I believe has never been urged, never indeed stated, but by myself, I have endeavored to make plain

in my "Manual of the Principles of Surgery." Of course there are circumstances which will successfully hinder the natural process of healing. These may be local or general, and it becomes the surgeon's office to remove these untoward conditions, if within the bounds of possibility.

Take a simple incised wound, where the part has been divided without injury to the neighboring tissues, on either surface of the wound. If the individual is in health that wound will readily heal by adhesion, however extensive it may be, if the surfaces be brought together and retained fully at rest. If anything intervenes between the surfaces of the wound, or if the part be not kept in a state of rest, they will not unite immediately. Such is the case whether the air is excluded or not, provided always that the part is retained in a physiological condition by the application of moisture and cold sufficient to prevent undue circulation of blood. I will relate a case which was under my own care. A man in good health, although addicted to slight intemperance, met with a railroad accident, by which his hand was severed from his body. Amputation was performed three inches below the elbow by the circular operation. The integument forming the flaps was uninjured; but some of the soft parts had to be trimmed off, because of bruising; two ligatures were employed, and the stump closed by the introduction of sutures placed not more than half an inch apart, a few adhesive straps were also used, a bandage was then applied around the stump sufficiently snug to keep the parts immovable; the end of the stump was uncovered, except by the few adhesive straps. The limb was placed in a slightly elevated position, and cold water dressing applied, no pains being taken to exclude the air. About thirty-six hours after, every second suture was removed. The following day all but two of the stitches were taken away, and the day after all were abstracted, and adhesive straps alone continued to support the edges of the wound, while the bandage was still snugly applied around the arm immediately by the end. Cold water was used to prevent exalted circulation, being applied by dipping a piece of folded cotton in the water from time to time, and laying it upon the part. It soon became evident that immediate union had taken place in the whole extent of the wound, not a drop of pus had formed, although there had been a continual oozing of *liquor sanguinis*. The two ligatures remained in the tissues for nearly three months before suppuration took place along their tract, which after another month resulted in their evulsion. Had acupressure, as recommended by Sir James Simpson, been practised, this after-trouble would not have come. Now, here was a large wound, an amputation of a large muscular arm, no care was taken to exclude the air; on the contrary, the wound remained open, with the integument turned back for some time, until the bleeding had entirely ceased. There was plenty of time for the air to deposit any number of organisms. Subsequently the surface of the wounds were left uncovered, and yet there was complete immediate union. I will refer to another case in my own practice, in which resection of the ankle-joint was performed, and the unusual amount of two inches of bone was removed from the extremities of the tibia and fibula. A few days subsequent to the operation, a large portion of the integument—cicatrix of a recent wound—sloughed away. From first to last nothing but water dressing was used. The wound in its whole extent was, from the first, left uncovered. The air was constantly circulated around the part, and after the slough came away it entered the large excavation every time the cloth was dipped in water, which was very often. Week after week the depth of the wound was exposed, and the ends of the bones were daily seen, bathed with liquid fibrine, beneath which the work of repair steadily progressed. Eventually nature's work was complete, and the bones of the leg were rejoined to those of the foot. The air was ever present; yet only a very small quantity of pus was at any time elaborated, and this was at the bottom of the ankle where it was impossible to secure a free escape of fluid. Now, if air is so pernicious by the presence of low forms of life, why did it not in this case produce its disastrous effects? These two cases are here adduced to show that healing will successfully, and to a remarkable extent take place, when the air is directly and constantly in contact with the discharge constantly poured out. The presence of air affects not the healing process; but if the air be foul, loaded with the animal poison derived from the decomposition of the discharge which is pent up by the application of numerous coverings and bandages, with the view of excluding the air, then the simple, but grand work of repair is stayed, and the frame-work—the coagulated fibrine, is undermined, and instead of material being poured out to effect repair, poison will be absorbed. And hence may follow serious blood-poisoning.

But it is in cases of compound fractures, those cases of severe crushing or laceration, where

blood-poisoning is more likely to follow, that Prof. LISTER thinks the carbolic acid is pre-eminently beneficial. For these cases it would seem that the low organisms act with greater power. The fact is ignored that in these severe injuries, not only is there a wound, but the tissues on either hand are crushed. The cells which go to make up the whole structures have suffered, and are in a low state of vitality, perhaps are dying, or already dead. With many it is a question whether life can be restored or not. Here nature has not alone to close up a wound, but to give back life to tissue in a state of collapse. Instead of standing ready to pour out the fibrine to seal up the divided tissue, it has to wait itself for help. Some of the structures have been so far injured that restoration is impossible; they must die, and have to be sequestrated from that which is enabled to live. This all involves a more tedious and complicated process, and the circumstances of one, with such a wound, is far less hopeful. In these cases, the dark grumous fluid wells slowly but incessantly from any side. Yet we are told that here is a favorable chance for the mischievous little animals floating in the air to commit depredations.

Now it is respectfully submitted, that it is the crushed tissues which give the dangerous character in these cases, and that the air carries no additional poison, however much it may circulate. And it is difficult to understand how carbolic acid, even supposing it has killed the organisms, can help the unfortunate cells which compass the tissues, and which are bruised and bleeding. But this can be understood, that the ultimate particles of the system have the power to recuperate—to recover from a shock; somewhat the same as one who has been precipitated headlong among the debris of a falling building, and who lies stunned, and for a time, senseless. If, however, some of the tissues die and remain in the wound, because bandages have been so applied that air shall not enter, or if the position is unfavorable, so that no fluid can flow out of the wound, then dead particles remain there to decompose and to be absorbed, thereby producing pyemia, or some other blood-poison. I can understand that carbolic acid, or a more potent caustic, might, by forming an escar of this dying tissue, tend to prevent that fatal result. But is this necessary? I have no hesitation in saying no. In a healty subject, by placing the patient, especially the *part injured*, in a proper position, so as to *prevent an accumulation of fluid* in the part, by applying judicious and general *pressure;* by keeping the parts *clean*, so that no dead matter may remain to *be absorbed*, by allowing *clean air*, also, to approach and give its *purifying influence*, then the effects will be as salutary and invigorating as is pure air to one who has been confined in a dungeon, and as grateful as the limpid stream to the weary traveller with sore and bleeding feet. The belief that if air entered the cavity of a joint or any closed sac, the most disastrous results would be sure to follow, has now quite exploded. So should we discard the idea that air—pure fresh air—is such an evil agent in connection with wounds. It is not argued that air may not be productive of harm, and that healing of injured tissues will not more quickly take place, as in subcutaneous section; but it is contested that carbolic acid is not necessary to enable nature to take any necessary step to restore a part crushed and wounded.

Then with respect to chronic abscess, Prof. LISTER has given a very elaborate way, whereby carbolic acid may be made to prevent the entrance of air into an opened abscess, or render inert the floating organisms. It is a fact well known, that oftentimes after a chronic abscess has been opened and a quantity of pus discharged, which was inodorous, and the opening made to close up, that when again opened fœtid pus would escape, while hectic symptoms would present themselves. But is it because of organisms introduced by the air? Rather is it not because the abscess was closed and air pent up, which led to a decomposition of degenerating pus, which would otherwise have gradually dissolved and been absorbed. It must be remembered that a collection of pus necessarily presses aside the natural tissues; now these structures will tend to return to their natural position when pressure is removed, and my practice has been to make a direct opening, large enough to allow a free escape, but not to evacuate the abscess. The patient was placed in a comfortable and natural position beforehand, so that no motion of the body would expel the contents. A poultice applied soothed the part, and prevented the closing of the incision, but no tent was introduced. The result invariably has been satisfactory; the structures gradually returning to their natural position, pressed out the pus, yet not so quickly as to make room for air to enter. Should air find an entrance, I would make a passage sufficiently large that a change of air could be had by the contracting pyogenic membrane; then there is no decomposition, no evil results. Of course in these cases *rest* to the parts is an absolute necessity.

Fractures of the Lower Extremity.

The following surgical cases are from the records of the City Hospital, Boston, and are reported in the Boston Medical and Surgical *Journal*, by David W. Cheever, M. D.

Seventy-five Fractures of the *Femur* are enough to furnish some basis for a comparison of results.

To speak, first, of simple and uncomplicated fractures, they occurred at all ages and in all parts of the femur. Treatment, with very few exceptions, soon settled down into the following uniform course. The apparatus to be described is a modified combination of the methods of Buck and Liston.

First—Extension was made by strips of adhesive plaster carried above the knee, up to the seat of the fracture, and down below the foot, on each side. They were retained by spiral turns of plaster and by bandaging. The lower ends were attached to a cord, passing over a pulley, and suspending a weight of five to fifteen pounds, according to the age of the patient, or his muscular power.

Second—Counter-extension was made solely by raising the foot of the bed four inches.

Third—Rotation was prevented by a long, outside splint, extending from above the pelvis, below the foot. This was lightly bandaged on from the ankle to the groin, and ended in a few turns of the single spica, around the trunk. Sand bags were sometimes added.

Fourth—Splints of Coäptation were applied around the muscles of the thigh, next the skin, and secured by broad straps and buckles. The advantages of this method are steady, persistent extension, and freedom of the perinæum from any counter-extension; comfort and ease to the patient; no sloughs, and good average results.

Shortening rarely exceeded three-fourths of an inch; often it was much less. No adult escaped without some shortening; many of the children had, however, no perceptible difference between the two legs. In none of the simple fractures were there any sores, or sloughs from the apparatus.

Non-union, originating in the hospital, occurred only *once* in the five hundred fractures. The double-inclined plane was used for some fractures near the hip. The double-inclined plane, combined with extension by weight in the axis of the femur, the pulley being at a height of five or six feet from the floor, according to the plan of Prof. Nathan Smith, was used in one case. The anterior splint of Dr. Nathan R. Smith was used in a few instances.

It was not perceived that either of these modes, in simple fractures of the femur, was more beneficial than that first described.

Intra-capsular fracture in old persons was treated by the fracture-bed, and, in some cases, by the long splint and weight, temporarily, to relieve pain. No apparatus was applied for a long time, and the patient was got up on crutches as soon as practicable. One case, in a person younger than middle age, was thought to be wholly intra-capsular and not impacted, and recovered with firm, bony union.

The majority of the cases of compound fracture of the femur were the result of such great violence, and accompanied with so much laceration of the soft parts, that amputation was the only resort.

Cases suitable for conservative efforts did well on the fracture-bed of Dr. Crosby; and on some heavy iron substitutes for it, contrived and modified by Mr. Cutler, the Superintendent. The great advantage to these last was, their complete immobility and their durability.

There were three cases of simple fracture of *both* femurs. One, adult, was treated in Gibson's apparatus, which consists of two crutches from the axilla to beyond the heels, and a foot-piece, by which extension can be applied to both legs. Two, in children, were treated by double plaster extension of the two legs, terminating in one pulley, and heavy weight; and sand-bags to check rotation. All three cases did well.

There were three fractures of the *Patella*. All were treated in the straight position, with the heel raised eight to ten inches. All did well; one, *transverse*, had *bony* union.

There were one hundred and seven fractures of the *Tibia* and *Fibula*. The majority were simple, though many threatened to become compound. Pott's fracture, with dislocation of the ankle, was pretty common.

The fracture-box was used more than any other apparatus, especially in the early treatment; simple fractures were soon got into an immovable bandage. Certain fractures of the tibia, threatening to become compound, were successfully treated by flexing the leg, and laying it on its side, in Mr. Pott's position, with a carved splint to steady it. After several weeks the straight, starched bandage was applied. Certain others were suspended in Dr. N. R. Smith's apparatus, with good results; and where there was simply an oblique fracture of the tibia pressing against the skin, it was remedied by raising the heel. The compound fracture of the leg depended for good or bad results on the habits and the age of the patient.

During the last six months the glue bandage of Mr. De Morgan has been largely substituted for starch. It is made of ordinary boiled glue, to which one-fifth part of alcohol is added. Its advantages are facility of application with a brush; quicker drying, greater solidity, and firmer union of the folds of bandage after being slit open, than the starched bandage of Seutin.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 18, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

ADVANCE PAYMENT!

We would remind subscribers that henceforth we must insist on ADVANCE PAYMENT. Consequently, we shall very soon cease sending the REPORTER to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the REPORTER on the cash principle, just as our great successful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits; now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

THE DISSEMINATION OF MEDICAL KNOWLEDGE.

The prevailing ignorance of the principles of rational medicine is something that we cannot too much deplore. It opens the doors to all those diverse impostures, which, under various well sounding names, lead so many of the public to trifle away their money, health, and lives. The matter is a serious one, and deserves a more careful consideration than it generally receives.

The complaint is made, and justly too, that physicians seek too much to make their guild of the nature of a close corporation, and instead of seeking to familiarize their patients with the maxims of medicine, rather prefer to envelope them in technical language and learned ambiguity.

Popular treatises on medicines, or rather on health and disease, are generally such woful trash, and the schoolbooks designed to instruct in anatomy and physiology, are mostly so inconscionably dry, that the reader feels no interest and derives little profit from them. Yet the topic, properly presented, is one in which every person would take an interest. Few books have sold better in their day than the Life of CORNARO, the Apostle of Temperance, or HUFELAND'S Art of Prolonging Life.

These writings touch the sensitive point in the public mind: they appeal to the instinct of self-preservation, strongest of all instincts; they reveal the art of medicine in its highest and ideal development, as the art of *preserving* life. Around this point, as the popular eye sees with unerring instinct, centres the whole of medical knowledge, and the popular mind is interested precisely in the degree that all teaching bears on this main question. The truths and the beauties of physiology and anatomy rarely excite more than a passing and a sterile admiration.

There seems to us room for a work—if one could only be found—which would invest medicine with the same interest which the pen of HUGH MILLER threw around geology, or which LEIBNITZ had the powerful skill to attach to the dry problems of metaphysics. Only by educating in this manner the mind of a community, can we succeed in rescuing it from the hands of knaves and empirics, and in bringing public hygiene and public health to their greatest perfection.

Notes and Comments.

An Apology.

Not long since, in a number of the REPORTER, under the title, "Anxious for Notoriety," we commented on a bundle of papers which had been sent us by a correspondent professing to be a non-medical man. The papers were artfully arranged so as to make it appear that the practitioner in question had yielded to the temptation of rushing into print unnecessarily in connection with an operation he had performed. We have been satisfied since, that the communication was prompted by malice, and was, in all likelihood, inspired by a rival physician in the same town, and was written to satisfy personal and professional spite.

Such conduct is beyond expression contemptible and dishonorable. The person guilty of it should be summarily ejected the State and county societies, and is entirely out of place in the company of gentlemen.

We refrain, at present, from referring more pointedly to this most unpleasant occurrence, but shall remember to make it a theme for an-

other notice when the question comes officially before the Massachusetts State Medical Society. At that time, it will be appropriate to name both parties concerned, and to hold up to general opprobrium a creature capable of such action:

"Whip me such rascals naked through the world."

More Cholera.

The severe cold weather of the past few weeks has had no effect in diminishing the tendency to the spread of cholera. On Saturday last, the 11th inst., the ship Leibnitz, arrived from Hamburg, after a passage of sixty days, arrived at Quarantine, New York. She had 105 deaths by cholera, seventy adults and thirty-five children, and had on board thirty-five cases of the same malady. The ship was ordered to the Lower Quarantine, where the sick were transferred to the hospital ship. No new cases had occurred for ten days previous to their arrival in port, and no new cases have been reported since.

Cholera is also reported as prevailing in a very violent form in some of the West India Islands.

Abortions—Action of the Essex (N. J.) District Medical Society.

At a meeting of the Essex District Medical Society, held at Newark, on Tuesday evening, January 7th, action was taken in regard to the growing crime of abortion. Drs. Coles, Woodhull, and Holden were appointed a committee to prepare an address to be presented to the Grand Jury then in session, and after a short retirement they returned with an address, which was read and adopted, in which utter abhorrence and condemnation of the crime is expressed, and the Society pledged to active co-operation with the Grand Jury in bringing to justice all such offenders. The address was laid before the Grand Jury immediately.

Theology and Hygiene.

Many of the rites enjoined by the Mosaic law were simply hygienic observances. The Apostle Paul did not entirely overlook recommendations in his epistles having a sanitary bearing. In view of the importance of hygiene to the welfare of mankind, thus recognized in Holy Writ, we are glad to announce that Dr. Willard Parker, of New York, has lately endowed a lectureship on Hygiene, in the Union Theological Seminary of that city, to consist of three or four lectures yearly. The course of this year will be given by Dr. Parker himself, and the first was delivered on the evening of the 10th inst.

Fœtal Expression.

Dr. Kristeller, of Berlin, in a paper presented at the International Medical Congress, described a new system of obstetrical manœuvres, in which he substitutes for the forceps, and all other medical or surgical methods of expelling the fœtus, a regular and systematic pressure on the uterus during labor. He gives this system the name of *fœtal expression* (*expressio fœtus.*) It consists in seizing the gravid uterus with both hands, placing it in the proper direction, and press it downward by degrees. After a few seconds the patient is allowed two or three minutes' rest; then the manipulation is renewed. If twenty or thirty *expressions* have produced no result, the system must be abandoned; if, on the contrary, it appears to assist the progress of the fœtus, forty applications or more may be performed without any danger. Dr. Kristeller supports his method by a formidable array of figures, and advises all obstetric practitioners to give it, as soon as possible, a fair trial.—*Western Journal of Medicine.*

Correspondence.

DOMESTIC.

Chloroform and Ergot in Midwifery.

To the Editors of the Med. and Surg. Reporter:

After carefully reading the last two communications of Dr. Hildreth to the Reporter, it was my deliberate jugdment they needed no reply from me. The last one simply discusses the opinions of another physician, who is far abler to defend his views (which I regard as fully correct) than I could be. And the former article developes no new doctrine, no new physiologica or obstetric fact. Indeed all of it that is not personal, seems to be old arguments put in new form. I do not deem it proper therefore to de tain the profession further with rejoinders. All that was said in my report to the Ohio State Medical Society, was said in candor and good faith. I did not dream of giving offence to Dr. Hildreth, nor of calling out a discussion which has been forced upon me, more in the shape of special pleading, than in plain and dignified exposition of scientific facts. And I am well aware the personalities indulged by each of the disputants are beneath the dignity of professional discussion—and are in especial bad taste between men who are fast friends, and have remained friends notwithstanding such indulgence. In order therefore to relieve your readers from such uninteresting matter, I "*Rest,*" but shall

still comply with my promise to give an article on attachments of membranes to the uterus.

THAD. A. REAMY.

Zanesville, Ohio, Dec. 25th, 1867.

News and Miscellany.

Medicines used now and in Galen's Time.

Opium is at the head of this list, for there is, I suppose, scarcely a known use of opium which was not understood then. GALEN, perhaps, used it more frequently than we should in cases of continued fever where there was much pain, insomnia, or great excretion; and it was the favorite medicine in his time in cases of bronchitis, with abundant expectoration and troublesome cough.

But opium was also the chief ingredient (combined with almost all known aromatics and stimulants,) in the various "antidotes" which were taken habitually by the Romans to preserve them from the ill effects of poison, of the bites of venomous animals, and of bad diet. These antidotes, or "theriacæ," came afterward to be used in the treatment of almost all diseases, in an indiscriminate manner, the rationale of which it is difficult for us to follow.

TROUSSEAU and PIDOUX, in their ingenious endeavor to explain the action of cinchona in malarial fevers, point out that these compounds must have had something of the same effect as bark, which they call "a kind of natural theriaca; and this is no doubt the real explanation of their former value and present neglect; they served a purpose which is now more effectually answered by cinchona and its derivative. It is much more difficult for us to understand how theriacæ could preserve from the venom of serpents, yet the author of the treatise "DE THERIACA AD PISONEM" had his facts (if facts they were,) to go upon. "No one has ever been known to die who took theriaca immediately after having been bitten by one of those animals which destroy life; and if any one takes it, and is bitten soon afterwards, its venom is harmless, as has been frequently proved by judges, who (having power to put to death and to pardon, and being desirous of trying this medicine,) have given it to criminals condemned to death." The author then goes on to say that he had tried the same experiment on wild fowl, and with the same results.

Squills, again, were employed for the same diuretic and expectorant effects as by us. They were sometimes pushed to a dangerous extent, for, after one prescription containing squills, GALEN remarks, "It is a good remedy, and after its use patients pass blood by urine."

Aloes, galls, all the terebinthinate drugs, the resins and gum resins, were much more largely employed than at the present day; while scammony, castor oil, colocynth, henbane, conium, and many other medicines, were equally well known. The root of the male and female ferns were used to destroy the tænia, and also as a bitter in chronic bronchitis and liver disease. Rhubarb (probably from its scarcity) was but little employed.—*British and Foreign Medico-Chirurgical Review, October* 1867.

The Great Sulphur Cure.

There has come into our hands a recent pamphlet entitled "The Great Sulphur Cure brought to the Test; and Workings of the New Curative Machine, proposed for Human Lungs and Windpipes," by ROBERT FAIRMAN, Surgeon, Diggar, Scotland. It is for popular distribution, and is written in a very colloquial style, in the form of a letter addressed to the Minister of Biggar. The sulphur cure is the use of sulphurous acid by fumes or in solution, and the vaunted machine is a spray producer by which he introduces the remedy into the larynx and lungs. Mr. FAIRMAN relates quite a number of cases in which he used the sulphurous acid successfully in diphtheria, tonsilitis, laryngitis, ulcers, sore nipples, hæmorrhoids, etc. He also prevents the spread of the zymotic diseases in households by means of fumigation. He found it ineffectual against epithelioma of the lips, and once produced an attack of asthma in a gentleman by too free use.

The fact that sulphurous acid is destructive of all parasitic animals and plants is well established, but its use as a remedial agent has been rather neglected, except in the form of the hyposulphites. If, as Dr. FAIRMAN claims, the symptoms of phthisis can be ameliorated by the inhalation of sulphur fumes or spray, we have to thank him for a valuable gift.—*Med. Gazette.*

Mental and Manual Labor.

Professor HOUGHTON of Trinity College, Dublin, has published some curious chemical computations respecting the relative amounts of physical exhaustion produced by mental and manual labor. According to these chemical estimates, two hours of severe mental study abstract from the human system as much vital strength as is taken from it by an entire day of mere hand work. This fact, which seems to rest upon strictly scientific laws, shows that the men who do brain-

work should be careful, first, not to overtask themselves by continuous exertion; and, secondly, that they should not omit to take physical exercise, on a portion of each day, sufficient to restore the equilibrium between the nervous and the muscular system.

Dr. Veron.

Not long since, Dr. Véron, doctor, druggist, quack, author, politician, theatrical manager, and rich, died in Paris. The *Lancet* comments on his death as follows:

Dr. Véron's death has happened opportunely, at the opening of the medical year, to admonish the young student against some besetting sins of the profession. The Doctor realized a great sum of money; he made himself very conspicuous in Parisian society; and he enjoyed familiar intercourse with the distinguished partisans of three royal dynasties. But he died utterly disrespected; he has left the impress of his name on no discovery, invention, or undertaking really beneficial to his fellow-man; science, literature, and philanthropy are none of them the poorer by his loss. Yet he had one useful lesson to bequeath to the aspiring medical student—the lesson of industry, tact, and knowledge of the world. In the pursuit of the more scientific branches of the profession, the two latter of these qualities are apt to be unduly neglected, and the practitioner accordingly finds himself at middle age very learned, very formidable in the arena of scientific discussion, but often suffering from what Mr. Disraeli calls "that ignoble melancholy which arises from pecuniary embarrassment." This, the sole bequest of Dr. Véron's chequered and successful career, might have been enforced a little more pointedly for the benefit of the young audiences at the various medical schools; and while the lecturer need not have forgone his pet function of applauding the Choice of Hercules, he might also have dwelt upon the unobjectionable side of that social tact which is illustrated by the career of the modern Mercury—Dr. Véron.

Every Soldier his own Doctor.

The French Government seems determined to foster the practice of medicine in the ranks of its army, notwithstanding the collapse of the pretensions of the Zouave Jacob. According to the *Liberté*, "the authorities have just ordered 800,000 waistbelts, each having attached to it a small medicine-box. The latter will contain whatever is necessary to give, in a rough way, a first dressing to a wound, or stop dysentery. The whole will cost about a million and a half of francs." We trust that the contents of the above-mentioned medicine-boxes will not prove of so powerful a nature as to be dangerous in ignorant hands, lest, like a certain army of old, the troops should find "when they rose up in the morning they were all dead men!"

Clinical Medical Society.

A new, and what will probably be a very useful, medical society has recently been established in London, under the designation of the "London Clinical Society." Sir Thomas Watson, Sir Robert Fergusson, and other distinguised medical gentlemen, have given it their countenance and support. Certainly, such an association would do great good in New York, and would undoubtedly be a success. We commend the subject to the profession of this city. The large attendance upon the meetings of that most practical of our societies, the Medical Journal Association, shows the bent of the medical mind among us. A clinical society, the proceedings of which would be entirely devoted to the records of actual experience, would certainly be appreciated, and would afford a grand opportunity for making known the very many interesting features of pathology and treatment which are constantly being brought out in a large city like New York.—*N. Y. Medical Gazette.*

There is such an association in this city, composed of attachés of the various hospitals. It should make itself *felt.*

A Naval Vessel Disinfected by Steam.

The Navy Department has received dispatches from Commander Chandler of the United steamer Don, dated Vera Cruz, December 16. He states that the yellow fever broke out on board of his vessel on the 25th of November. It proved to be of a most malignant type. He was ordered to the above port, and on arriving there the ship was anchored with a "spring," and was always broadside to the wind. The sick were at once landed and their clothing and bedding aired. The ship was thoroughly impregnated with yellow fever. Commander Chandler caused the hatches of the berth-deck and ward-room to be securely closed. One joint of the steam-heater on the berth-deck was disconnected, and the same operation performed in the ward-room. A thermometer was lowered through a small slip in the tarpaulin, and, after two hours' steaming in the ward-room, it indicated 205 degrees, and on the berth-deck 170 degrees. The hatches were then opened, decks dried down, joints of steam heaters replaced, and in two hours more there was no in-

dication of the extreme heat to which those places had been exposed. No cases of fever occurred afterward. We had twenty-three cases on board, and seven men died. Commander CHANDLER informs the Department that he is fully persuaded that heat eradicated the disease as effectually as a severe frost could have done.

Spiders.

Father BABAZ has communicated to the French Academy of Science an account of his experiments with spiders, and the manner in which he ascertained a fact hitherto unknown to naturalists, viz., that most spiders possess not only the faculty of spinning a thread, but also that of projecting one or several, sometimes of the length of five or six meters, which they use to traverse distances with, and affix their thread to a given point for the support of their web. They even seem to have the power of directing the extremity of an ejaculated thread to a given point; they seem to feel for the place where it is most desirable to fix it. Certain spiders, the Thomisa Bufo for instance, will eject a bunch of threads, which, curling up in the air, and shining in the sun with various hues, give the insect the appearance of a peacock displaying his tail. But this is not all: spiders can fly and swim in the air, though they are heavier than alcohol. To perform this feat, they turn their back to the ground, and keep their legs closely folded up on their bodies, and in this posture sail about with perfect ease.

Sanitary Arrangements in Paris.

A correspondent of the *Chicago Med. Journal* says:

Regarding the sanitary arrangements of Paris, we might take valuable lessons in some things, and they of us in others. We, of them, respecting urinals in public places, for every prominent object in this great city is considered a proper mark for a suffering bladder. A Frenchman can no more forbear wetting everything that projects than an American dog, and that, irrespective of time, place, and surroundings. This arrangement gives a delightful odor of ammonia, which, you know, is an antidote for fainting; and I have noticed that the ladies do not faint there, even at the sight of these micturitorial exploits.

Another arrangement, for the protection and bestowal of unclaimed babies, may be worth copying. These consist of little round structures, situated on the public streets, with a port-hole-like arrangement on one side as a place of deposit. The shelf which receives the "waif," appertains to a revolving arrangement on the inner side, which is at once turned by an unseen hand half around, where the infant is received and transported to the hospital for foundlings. The arrangement became necessary for the prevention of the crime of infanticide. As a depositor is never seen, this method must address itself to them as preferable to child murder. I need not mention the legalization of prostitution as another sanitary arrangement.

Detecting Belladonna.

Mr. H. C. SCORBY read a paper lately before the Sheffield Literary and Philosophical Society, in which he set forth the difficulties which the toxicologist encounters in his efforts to prove a case of poisoning by belladonna. These difficulties are obviated by the use of the micro-spectroscope. The spectrum of the juice of belladonna is very distinct, especially when the coloring matter has been added to a solution of carbonate of soda. A small fraction of a single berry is sufficient to produce the spectrum bands characteristic of the belladonna.

CHANGES IN THE NAVY.

List of changes, etc., in the Medical Corps of the Navy, from the 23d of December, 1867, to January 4th, 1868, inclusive:

Surgeon O. H. Burbank detached from the Receiving Ship Vandalia, and ordered to the U. S. Ship Kearsarge.

Surgeon I. H. Clark ordered to the Receiving Ship Vandalia, Portsmouth, N. H.

Surgeon David Kindleberger detatched from the U. S. Ship De Soto, and wait orders.

Surgeon J. J. Gibson detached from the Receiving Ship New Hampshire, and ordered to the U. S. Ship De Soto.

Surgeon Somerset Robinson ordered to the Receiving Ship New Hampshire, at Norfolk, Va.

Passed Assistant Surgeon B. H. Kidder detatched from the U. S. Ship De Soto, and wait orders.

Passed Assistant Surgeon J. B. Parker ordered to the U. S. Ship De Soto.

Passed Assistant Surgeon James N. Hyde ordered to U. S. Naval Hospital, Washington.

Acting Passed Assistant Surgeon D. C. Burleigh detached from the Naval Hospital, Washington, and ordered to the U. S. Ship Purveyor.

Assistant Surgeons George A. Bright, J. M. Flint, James N. Hyde and J. B. Parker, promoted to Passed Assistant Surgeons.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Conner—Cairl.—On Jan. 9, by the Rev. Wm. C. Robinson, D. N. Conner, M. D., of Felton Del., and Miss Sallie F. Cairl, daughter of the late Louden E. Cairl, of this city.

Dudley—Hall.—Dec. 25th, 1867, by the Rev. F. Perry Hall, in the Mount Moriah Baptist Church, Smithfield, Fayette co., Pa., Pemberton Dudley, M. D., of Philadelphia, and Miss Sade K. Hall, daughter of the officiating clergyman.

Gill—Griggs.—Jan. 7, by Rev. E. W. Clarke, Dr. R. T. Gill, of Poughkeepsie, and Annie C. Griggs, daughter of F. H. Griggs, Esq., of New York.

Johnston—Stewart.—On Christmas day, by Rev. J. B. Johnston, David R. Johnston, M. D., and Maggie J., daughter of John Stewart, Esq., all of St. Clairsville, Ohio.

Larkin—Kinkaid.—On Dec. 29th, 1867, by Rev. Mr. Hoffman, at the residence of the bride's mother, Dr. J. B. Larkin, of Mitchell, Ind., and Miss Maggie Kinkaid, daughter of the late Judge Kinkaid, of Shelbyville, Tennessee.

Leonard—Phillips.—At West Woodstock, Conn., Jan. 8, by Rev. Mr. Hyde, Dr. A. Sydney Leonard, formerly of New York, and Hattie, daughter of A. Phillips, Esq., of West Woodstock.

Marshall—Rowland.—Jan. 1st, at Chapel Farm, near Hagerstown, Md., by Rev. David Long, George H. Marshall, M. D., of Snow Shoe, Pa., and Miss Ellie Rowland, youngest daughter of J. S. Rowland, Esq.

Morgan—Phoebe.—By Rev. S. C. Faris, Nov. 21, 1867, Dr. J. J. Morgan and Miss Bettie Shobe, both of French Creek, W. Va.

Whitten—Harkey.—Jan. 2d 1868, at the residence of Mrs. Tobias, Hillsboro, Ill., by Rev. F. Short, Dr. Thomas J. Whitten and S. C. Harkey, both of Hillsboro.

Wisehart—Bradbury.—At the residence of Rev. Ferguson, Jan. 2, 1868, Mr. J. M. Wisehart, of Frankfort, O., and Miss A. L. Bradbury, daughter of Dr. E. H. Bradbury, formerly of Cincinnati.

DIED.

Cooke.—At Holmdel, Monmouth co., N. J., of enteritis, Dr. Robert W. Cooke, in the 71st year of his age.

Perchment.—In Allegheny City, Pa., Dec. 13, 1867, of heart disease, Alfred Perchment, M. D., aged 32 years.

Ten Broeck.—In Portland, Me., Dec. 19th, Dr. P. G. S. Ten Broeck, Surgeon U. S. A.

METEOROLOGY.

December,	30,	31.	J. 1.	2,	3,	4,	5.
Wind	E.	N. E.	N. E.	W.	N. W.	W.	N. W.
Weather	Cl'dy	Cl'dy.	Cl'dy. Snow.	Clear. Fog.	Clear. Fog.	Cl'dy. dense Fog.	Clear.
Depth Rain			Fog. 6 10		3-10		
Thermometer.							
Minimum	24°	15°	30°	28°	29°	32°	25°
At 8, A. M.	26	19	37	34	36	35	31
At 12, M.	30	23	41	40	42	41	33
At 3, P. M.	30	23	42	41	43	42	33
Mean	29.75	20.	37.50	35.75	37.50	37.50	30.50
Barometer							
At 12, M.	30.7	30.7	29.7	29.8	29.9	29.7	30.3

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